Completion of 40 Hours Community Involvement



Students may begin their community service hours following Grade 8 graduation.

Student Name:	Secondary School:			Secondary School Principal:		School Phone Number:
Please submit this form to the school	l when you ha	ave completed 4	40 hours of	community involvement	ent or wher	n requested by school principal.
Activity	Number of Hours	Date of Completion	Location and Phone Number of Individual or Organization			Supervisor Name and Signature
Total Number of Hours Completed:						ice Use Only
Student Signature:			Date: _		□ Com	pletion has been noted on the student transcript.
Parent/Guardian Signature:			Date: _		Signat	ture of school official Date

In accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, personal information is being collected under the authority of the *Education Act* and will be used to track student volunteer hours as required for the Ontario Secondary School Diploma. For more information, please contact the Principal.



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Activity	Number of Hours	Date of Completion	Location and Phone Number of Individual or Organization	Supervisor Name and Signature